



**Authorization Form
for release of my COVID-19 Test Results to
CSU Maritime Academy**

Reporting Health Care Provider: American Medical Response (AMR)
Address: 13992 Catalina Street, San Leandro, CA 94577
Phone Number: (209) 636-8005

Receiving Health Care Provider: CSU Maritime Academy Student Health Center
Address: 200 Maritime Academy Dr. Vallejo CA 94590
Phone Number: 707-654-1170

Receiving Human Resources Dept
Address: 200 Maritime Academy Dr. Vallejo CA 94590
Phone Number: 707-654-1135

Receiving Public Health Department: Solano County Department of Public Health
Address: 275 Beck Ave. Fairfield CA 94533
Phone Number: 707-784-8600

Purpose of Disclosure:

I authorize American Medical Response (AMR), it's agents, and contractors to disclose my individually identifiable health information related to COVID-19 testing and results as described below. I specifically authorize AMR, it's agents, and contractors to communicate information by any reasonable means, including written or telephone communication or by direct interview, whether or not I am present during or notified of such communication directly to California State University Maritime Academy, it's agents, and contractors. I understand that the information I authorize to be disclosed may no longer be protected by federal privacy regulations.

I authorize AMR to disclose my (student) test results for COVID-19 to the CSU Maritime Academy Student Health Center for the purpose of the Student Health Center informing me of my test results and answering medical questions related to those results.

I authorize AMR to disclose my (employee/agents) test results for COVID-19 to the CSU Maritime Academy Human Resources Department for the purpose of me being cleared to participate in the face-to-face instructional period on campus at CSU Maritime Academy in June and July 2020.

I understand and agree that my test will be processed by Avellino Labs, Menlo Park, and that Avellino Labs will provide the results to AMR and inform Solano County Public Health Department of the results of my test for public health purposes.

I understand and agree that the CSU Maritime Academy Student Health Center will communicate my (student) test results to me and my (employee/agent) results will be communicated to me by Human Resources.

I agree to learn of my COVID-19 test results by phone. I agree that this information may be left via voicemail, if I am unavailable when contacted via phone.

I understand and agree that if my test is positive for COVID-19, the Solano County Public Health Department will follow up with me and people I have been in contact with to discuss necessary steps for stopping further spread of the virus.

Voluntary Nature of Disclosure

I understand that I am not required to agree to this disclosure. I understand that a refusal to disclose this information will not affect my employment status or my student status, as applicable.

Confidentiality is Not Guaranteed

My test results are my confidential medical information. Circumstances may require identifying me as an individual who tested positive for COVID-19 in June or July 2020, in order to appropriately warn those others so they can take the necessary steps and precautions related to potential exposure to COVID-19. If an effective public health communication can be made without identifying me, my name will not be used. However, I understand that it may not be possible to inform others of a potential exposure to COVID-19 without them determining that it was through contact with me.

Effective Immediately

My consent and authorization for this disclosure is effective immediately. My consent and authorization may be revoked by me by contacting the CSU Maritime Academy Student Health Center for students or the Human Resources Department for employees. This revocation will become effective only upon receipt.

Unless previously revoked, this authorization will terminate one year after the date of my signing.

I have been advised that I have a right to receive a copy of this authorization.

Signature of employee or student

Today's Date

DOB

Printed name

Phone number

SIGNING THIS AUTHORIZATION FORM IS VOLUNTARY